



APPLICATION FOR PARTIAL EXEMPTION FOR REAL PROPERTY OF PEOPLE WHO ARE PHYSICALLY DISABLED

(General information and instructions for completing this form are contained in Form RP-459-INS)

1. Name and telephone number of owner (s)

2. Mailing address of owner (s)

Day No. (____) _____

Evening No. (____) _____

3. Location of property (see instructions)

Street address _____

Village (if any) _____

City/Town _____

School District _____

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot: _____

Section 1:

4. Is the property a one, two or three family residence? _____ Yes _____ No

Does a disabled person reside in the residence? _____ Yes _____ No

If answer to either question is no, do not complete the remainder of this form.

Property is not eligible for exemption.

5. Name of disabled person: _____

Relationship to owner of property: _____

6. Description of nature of disabled person's permanent physical impairment which substantially limits one or more major life activities (e.g. walking): _____

7. Description of improvement to property: _____

8. Date of completion of improvement: _____

9. Cost of improvement: _____

IF DISABLED PERSON IS LEGALLY BLIND, ATTACH CERTIFICATE FROM STATE COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED AND ANSWER QUESTION 10, OR HAVE PHYSICIAN COMPLETE SECTION 2. IF DISABLED PERSON IS SUFFERING FROM A PERMANENT PHYSICAL DISABILITY OTHER THAN BLINDNESS, HAVE PHYSICIAN COMPLETE SECTION 2 AND DO NOT ANSWER QUESTION 10.

10. Explain how improvement facilitates and accommodates disabled person's use and accessibility of residence. _____

I certify that all statements made above are true and correct _____

Signature of Owner (or Owner's Representative*)

_____ Date

*If owner is physically unable to complete this form, it may be completed by the owner's spouse, child or parent, or by some other representative of the owner. Explain representative's relationship to the owner.

